TRADE PARTNER QUALIFICATION STATEMENT

Email the completed form to estimating@avant-build.com

Business Section (please print or type)		
Legal Company Name:	Date:	
D/B/A:		
Physical Address:	Mailing Address:	
Principal(s) of Firm/Title:	Phone:	Fax:
Email Address:	Website:	
Type (circle): Corporation Partnership Individual Joint Venture Other		
Federal Tax ID #:	Years in Business under Present Name:	
Geographic Area of Business Operations:		
Total number of Permanent Employees:	% of Work Done with Own Forces:	
Contracting Scope:		
Type (circle): Subcontractor Contractor Supplier Other: _____		

Contact Information	
General Contact Person / Title:	
Phone Number:	Mobile Number:
Fax Number:	Email:
Estimating Contact Person:	
Phone Number:	Mobile Number:
Fax Number:	Email:
Office Contact Person:	
Phone Number:	Mobile Number:
Fax Number:	Email:
Accounting Contact Person:	
Phone Number:	Mobile Number:
Fax Number:	Email:

Licenses		
List Jurisdictions and Trade Categories in which your Organization is Legally Qualified to do Business and indicate Registration or License Numbers, if applicable. Attach copy of Licenses.		
License #:	Jurisdiction:	Category:
License #:	Jurisdiction:	Category:
License #:	Jurisdiction:	Category:

Insurance and Bonding (Enter N/ A if not applicable)		
Value of Work Presently Bonded $	Total Bonding Capacity:	
Bonding Surety:		
Bonding Agent:	Contact:	Phone:
Bonding Agent:	Contact:	Phone:
(Attach Copy of Insurance Certificate for General Liability, Worker's Compensation and Automobile)		

Safety		
Does your Firm Have a Written Safety Program? (circle)	Yes	No
What is your Workmen's Compensation Experience Mod Rate?		
In the previous three (3) Years, has your Firm been cited for a serious violation, as defined by OSHA? (circle)	Yes	No
If Yes, List Violations:		

Work History		
List 3 Most Significant Projects completed within last 12 months:		
Project Name:	Project Location (City, State):	Contract Value:
Project General Contractor:	Address:	Contact Name, Phone & Email:
Project Name:	Project Location (City, State):	Contract Value:
Project General Contractor:	Address:	Contact Name, Phone & Email:
Project Name:	Project Location (City, State):	Contract Value:
Project General Contractor:	Address:	Contact Name, Phone & Email:

List Two (2) Significant Suppliers:	
Company:	Company:
Address:	Address:
Contact:	Contact:
Telephone and Email:	Telephone and Email:

List Data for Three Most Recent Completed Fiscal Years:		
2 0 _____	Largest Project Completed	Annual Company Revenue
2 0 _____	Largest Project Completed	Annual Company Revenue
2 0 _____	Largest Project Completed	Annual Company Revenue

Signatures

Confidentiality Note: The information supplied by the undersigned in this document is intended only for the use of Avant Construction Group. The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Email the completed form to estimating@avant-build.com

Or mail the completed form to
Avant Construction Group
1510 Montana Avenue
Jacksonville, FL 32207